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From: Michael R. Ward

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ATTORNEY DOCKET NO: 546322000304

APPLICATION SERIAL NO.: 10/821,710

FILED: April 8, 2004

ART UNIT: 1636

EXAMINER: D. M. Sullivan

FIRST NAMED INVENTOR: Michael Wayne GRAHAM et al.

TITLE: CONTROL OF GENE EXPRESSION

ENCLOSURES:

- 1) Transmittal - 1 pg
- 2) Fee Transmittal, in duplicate - 1 pg in DUPL
- 3) Petition for Extension of Time - 1 pg
- 4) Response to Restriction Requirement - 8 pgs

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/821,710
		Filing Date April 8, 2004
		First Named Inventor Michael W. GRAHAM
		Art Unit 1636
		Examiner Name D. M. Sullivan
Total Number of Pages in This Submission	12	Attorney Docket Number 546322000304

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form 1 pg IN DUPL	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply Response to Restriction of 10/15/04 - 8 pgs	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request-1 pg	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	VIA FACSIMILE	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Facsimile cover sheet is the uncounted page in this submission		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Michael R. Ward		
Date	December 15, 2004	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, to Centralized Fax No. (703) 872-6300, on the date shown below.

Dated: December 15, 2004 Signature:

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SF-1836331

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Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 120.00)

Complete If Known	
Application Number	10/821,710
Filing Date	April 8, 2004
First Named Inventor	Michael W. GRAHAM
Examiner Name	D. M. Sullivan
Art Unit	1636
Attorney Docket No.	546322000304

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	-0-
Design	200	100	100	50	130	65	-0-
Plant	200	100	300	150	160	80	-0-
Reissue	300	150	500	250	600	300	-0-
Provisional	200	100	0	0	0	0	-0-

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$)
Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
33	-33 or HP	-0-	x	=	-0-	-0-

HP + highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
1	-3 or HP	-0-	x

HP + highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
-0-	-100 = -0-	/50 =	(round up to a whole number)x	-0- = -0-

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition for Extension of Time

120.00

SUBMITTED BY Morrison & Foerster LLP - Customer No. 20872

Signature	<i>Michael R. Ward</i>	Registration No. (Attorney/Agent)	38,651	Telephone	415-268-6237
Name (Print/Type)	Michael R. Ward			Date	December 15, 2004

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEET TRANSMITTAL
for FY 2005** Applicant claims small entity status. See 37 CFR 1.27

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Design	200	100	100	50	150	65	-0-
Plant	200	100	300	150	150	80	-0-
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23	-3 or HP	-0-	x	=	-0-	-0-

HP + highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Signature	<i>Michael R. Ward</i>	Registration No. (Attorney/Agent)	38,651	Telephone	415-268-6237
Name (Print/Type)	Michael R. Ward			Date	December 15, 2004

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